



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
CHILD AND ADULT CARE FOOD PROGRAM
MENU – USDA REQUIREMENTS – 7 DAYS

NAME OF CENTER/FACILITY _____

WEEK OF _____

YEAR _____

BREAKFAST	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Fluid Milk							
Juice, Fruit, or Vegetable							
Grains/Bread Component							
Other Foods							
SUPPLEMENT <i>Serve 2 of 4 choices.</i>							
Fluid Milk							
Juice, Fruit, or Vegetable							
Grains/Bread Component							
Meat or Meat Alternate							
Other Foods							
LUNCH							
Fluid Milk							
2 Servings of Fruit and/or Vegetables							
Grains/Bread Component							
Meat or Meat Alternate							
Other Foods							



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SUPPLEMENT <i>Serve 2 of 4 choices.</i>	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Fluid Milk							
Juice, Fruit, or Vegetable							
Grains/Bread Component							
Meat or Meat Alternate							
Other Foods							
SUPPER							
Fluid Milk							
2 Servings of Fruit and/or Vegetable							
Grains/Bread Component							
Meat or Meat Alternate							
Other Foods							
SUPPLEMENT <i>Serve 2 of 4 choices.</i>							
Fluid Milk							
Juice, Fruit, or Vegetable							
Grains/Bread Component							
Meat or Meat Alternate							
Other Foods							